Welcome!

Neonatal Abstinence Syndrome Project
Level I Webinar
Legalities and Practicalities
Ohio Perinatal Quality Collaborative
September 19, 2014
September 26, 2014
Please sign in with the names & organization of everyone on the call in the question box
CME Requirements for Internet-based Activities

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OPQC Continuing Education Program for Level 1 Hospitals in Ohio. Webinar #2: Neonatal Abstinence Syndrome (NAS): **Identification of substance abuse in Pregnancy: Legalities and Practicalities**

**Presenters:**

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Assistant Professor, Pediatrics, CWRU School of Medicine

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Assistant Professor at Cincinnati Children’s Hospital Medical Center, Perinatal Institute; University of Cincinnati College of Medicine Department of Pediatrics. He is also the Medical Director of Regional Newborn Services.
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BEACON Quality Improvement Coordinator

Disclosure: Financial disclosure information (planning committee and presenters): Planning committee members/faculty were determined to have no conflicts of interest pertaining to this activity.

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Objectives:
• Describe diagnostic tests that are used prenatally and postnatally to identify NAS
• Discuss practice based implications of legalities in drug screening and testing for prenatal drug exposure

Hardware/Software Requirements:
Compatible with Mac and Window users and common web browsers. High-speed access recommended though not required (responsiveness may be noticeably slower using dial-up connection). Adobe Flash Player 9.x is required and Speakers/headphones required to listen to audio

Provider Contact Information:
If you should have any questions about the content of the meeting, please contact Dr. Moira Crowley or Dr. Wexelblatt. If you should have any questions regarding CME credit, please contact the CME office at cme@cchmc.org.
Screening and Testing Considerations

Scott Wexelblatt, MD
Cincinnati Children’s Hospital
Regional Newborn Services
Screening versus Testing

- ACOG recommends that every woman is **screened** at beginning of prenatal care with a questionnaire.

- **Testing** is performed in a subset who screen positive for at risk status, or for a limited set of behaviors- no pnc, appears intoxicated.
Screening For Drugs of Abuse

• **Best practice:**
  - ACOG: Screen everyone with a short questionnaire asked at first prenatal visit and on admission to L&D.
  - Hospital has standard policy applied to **ALL** admissions that specifies triggers for sending a maternal urine drug test.
  - Specifies historical triggers (no prenatal care, prior positive tox screen) and/or observed behaviors that will lead to a screen.
  - Some advocate universal screening to prevent biased assessments
  - Person should be informed that it is being sent.
Maternal Toxicology Test Options

• Urine: most rapid screens are done on urine using immunoassays.

• Advantage:
  – Fast and relatively inexpensive screen.

• Disadvantage:
  – Detects only exposures in the prior 24-48 hrs.
  – All positives require confirmation with GC/MS
  – False positives and false negatives.
False Negatives and False Positives

- **False Negatives:**
  - If urine is too dilute
  - Deliberate attempts to adulterate tests: added nitrites, or Visine, or using “clean” urine, water

- **False Positives:**
  - Immunoassays cross react with similar molecules
  - Infant urines higher false positives (esp THC) than adults
  - Amphetamines highest false-positive rates- 4%
  - PCP – 1.5% false positive
  - Opiates- cross react with Levofloxin
Structural Similarities

Newborn Test Options

• Urine
• Meconium
• Umbilical Cord Sample
• Hair
• Nails
• Vernix
Newborn Test Options

• **Urine:** may be difficult to collect  
  – Relatively short window on exposure (days)

• **Meconium:**  
  – may be delayed passage especially in preterm infants  
  – Reflects months of inutero exposure  
  – High false positive rates  
    • **Opiates:** only 59% Positives confirmed by GC/MS
Screening and Testing for Drug Use

Moira Crowley, MD
Universal Screening Approach

- ACOG and AAP recommend against universal toxicology testing
- Screening essential part of complete obstetric care
  - Preconception and early in pregnancy
  - Every woman
How To Ask

• Ask to ALL patients
  – Disclose that everyone is asked
  – Non-judgmental
  – Confidential
  – Adequate care for mother and fetus
  – Illicit and prescribed substances
Tools

• 5Ps¹
  – parents, peers, partner, past, pre-pregnancy

• CRAFFT²
  – 16-26 yo
  – 6 items measuring use of substances/concerns

• SURP-P³ (Substance Use Risk Profile-Pregnancy Scale)
  – 3 questions

¹Adapted from Watson E. Institute on Health and Recover, Integrated Screening Tool 2014
²Knight, et al. and Chang et al. 2011
³Yonkers KA, et al. Screening for prenatal substance use: development of a substance use risk profile-pregnancy scale. 2010
Our Approach

• All women screened early and when arrive to L&D
  – General admission consent includes consent for testing
    • Must disclose to woman that test is being sent → she can refuse
  – Situations where testing is indicated
    • + screen
    • + toxicology screen in the past 2 years
    • Referral from outside social services or social work
    • Clinical indications
When Testing Is Indicated…

• Document indication and disclose to mother
  – If she declines → document and discuss with pediatric team

• Test infant
  – Mother declines testing and there is concern
  – Mother has a positive toxicology screen
  – Exhibits signs/symptoms of withdrawal
Do We Miss Babies?

- No readmissions for NAS in past 6 months
Methods of Screening

Scott Wexelblatt, MD
Medical Director, Regional Newborn Services Cincinnati Children's Hospital
METHODS OF SCREENING/TESTING

• Maternal Interview Screen
• Maternal Urine Drug Test
• Infant Urine Drug Test
• Meconium Toxicology Test
• Umbilical Cord Toxicology Test
Maternal Risk Based Screen

ACOG Committee Opinion 524, May 2012.

Recommends universal screening.

Recommends obtaining consent prior to testing.
Maternal Risk Based Screen

- Documented, suspected, or acknowledged maternal history of drug use
- Insufficient prenatal care, defined as starting care after 12 weeks of gestation
- Placental abruption
- Admission from a justice center.
- Positive for Human immunodeficiency virus
- Positive for Hepatitis B Surface Antigen
- Positive for Hepatitis C virus
- Maternal history of Gonorrhea or Syphilis
Universal Testing

Number of Maternal Admissions
2995

Number of UDS 10 sent
2956

Positive UDS
159/2956 (5.4%)

Negative UDS
2797

Positive for Opiates
96/2956 (3.2%)

Positive for Others
71/2956 (2.4%)

Positive Risk Based Screen
77/88 (80%)

Negative Risk Based Screen
19/96 (20%)

Positive Risk Based Screen
54/71 (76%)

Negative Risk Based Screen
17/71 (24%)

Number of refused test = 1
Number of test not done = 38

Positive Infant Test
230/2995 (7.7%)

Negative Infant Test
469/2995 (15.6%)

Number of negative risk based opiate exposed infants needing a change in care
7/19 (37%)

Total Number of Positive tests with a Negative Risk Based Screen
36/159 (23%)

Number of live births May 2012-November 2013
2979

Number of Maternal Admissions
2995

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Universal Testing

Started Universal Testing on Sept 1\textsuperscript{st}.
Encourage consent
Recommend DAU 13 for mother and infant
## Universal Testing

<table>
<thead>
<tr>
<th>Delivery Service Hospitals</th>
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<tbody>
<tr>
<td>Atrium Medical Center</td>
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<tr>
<td>The Christ Hospital</td>
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<td>Dearborn County Hospital</td>
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<td>Fort Hamilton Hospital</td>
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<td>Highland District Hospital</td>
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<td>Margaret Mary Hospital</td>
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<td>McCullough-Hyde Mememorial Hospital</td>
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<td>TriHealth</td>
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<td>UC Health</td>
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Poll #1 – Screening of Mothers

Do you have a policy for screening pregnant women for drugs at your hospital?

• Yes, we screen ALL pregnant women for drug use
• Yes, we screen, but only with a hx of drug use
• No, we do not screen pregnant women for drug use
• N/A; we do not provide care to pregnant women
Poll #2 – Testing of Babies

Do you have a policy for testing babies at your hospital?

- Yes, we test all babies for drugs
- Yes, we test only babies with a maternal history of drug use
- No, we do not routinely test our babies for drugs
Poll #3 – Testing of Babies

Do you have a policy for testing mothers at your hospital?

- Yes, we test all pregnant women for drugs
- Yes, we test only pregnant women who have a history of drug use
- No, we do not routinely test pregnant women for drugs
- N/A. We do not provide care for pregnant women
Legal Implications of Testing in Ohio

– Moira Crowley, MD
  • Rainbow Babies and Children Hospital, Neonatology Services, Cleveland, Ohio
Disclaimer

Timmy, dear, it doesn’t need a disclaimer.

$1 + 1 = 2^*$

*Disclaimer:
Balancing Considerations

Medical

Legal

Ethical
We the People of the United States, in Order to form a more perfect Union, establish justice, insure domestic Tranquility, provide for the common defence, and our Posterity, do ordain and establish this Constitution for the United States of America.
Bill of Rights

1. Religion, Speech, Press, Assembly
2. Bear arms
3. No unreasonable searches and seizures
4. Right to due process of law
5. No Cruel and Unusual Punishment
6. Other rights of the people
7. Powers reserved to the states
“Every human being of adult years and sound mind has a right to determine what shall be done with his own body.”

Justice Cardozo
4th Amendment

“The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.”
Staff at MUSC concerned about increase in “crack babies”

Began testing → refer for counseling

No change in incidence

Began to work with law enforcement

New program implemented
Criminal charges

- Felony child endangerment
- Corruption of a minor
- Chemical endangerment
- Assault with a deadly weapon
Parens Patriae

- Children are not property
- Government has the power and duty to protect the safety and well-being of children
Child Abuse Prevention and Treatment Act (CAPTA)

- The current incarnation of the Baby Doe regulations
- Provides federal funding to the states
- Defines “child abuse and neglect” as, “at a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.”

CAPTA Reauthorization Act of 2010
Healthcare providers must have policies and procedures in place to notify Child Protective Services of all infants born and identified as affected by illegal substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder and to establish a plan of safe care for these newborns.

Reports of prenatal substance exposure shall not be construed to be child abuse or neglect and shall not require maternal prosecution.
Medical Practice is mainly regulated by the State.
Ohio Department of Health Approach

- Substance abuse during pregnancy is not automatically considered
  - Criminal act
  - Child abuse
  - Grounds for civil commitment
- A $4.2 million, three year targeted drug treatment program for pregnant women supported by the Ohio Department of Health is promising
Drug Testing Mothers and Newborns

1. Obstetricians, Pediatricians, and Administration should develop policies to be followed consistently.

2. Hospital counsel should ensure compliance with state and federal laws

Stanton E. NAS and the Law for the Non-Lawyer
3. Maternal and infant drug testing should be based on specific evidence-based criteria and medical indicators to avoid discriminatory testing. Open-ended criteria such as “clinical suspicion” are inadequate.
Drug Testing Mothers and Newborns

4. All mothers should be informed about proposed drug testing prospectively and the rationale for testing should be documented in the medical record. The discussion should include the nature and purpose of the test and how testing will guide care.

5. If a woman refuses testing, document the refusal and do not test over her objection.
Drug Testing Mothers and Newborns

6. When medically necessary for the proper and safe care of the infant, testing may be done without specific informed consent of the mother. This includes:

- Newborns who exhibit signs and symptoms of drug exposure
- Newborns whose mothers have been identified as probable substance users
- Newborns whose mothers have signs and symptoms of drug use
Drug Testing Mothers and Newborns

7. Remember that under Ohio law all healthcare providers are mandated reporters of child abuse/neglect are required to report when there is reasonable cause to suspect that a child “has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonable indicates abuse or neglect of the child”

Ohio Revised Code Chapter 21 - 2151.421
Stanton E. NAS and the Law for the Non-Lawyer
Discussion and Questions

• What method do you use at your hospital? Why was this method chosen?

• What challenges have you had regarding maternal screening or testing? How did you overcome them?
References:


